Results: Patients with liver disease were younger and represented more minorities in comparison to patients without liver disease undergoing PCI. They had significantly higher rates of renal and pulmonary disease and were more likely to be on insulin therapy, but had a similar prevalence of prior coronary artery disease history, myocardial infarction, heart failure and cardiac risk factors. Rates of multivessel disease, intervention success and anti-platelet therapy were not significantly different between groups. There was no increased incidence of peri-procedural complications including bleeding requiring transfusion (p=0.29), major entry site complications (p=0.70), and stroke (p=0.70). At 1 year, cumulative event rates, including death, myocardial infarction, coronary artery bypass graft surgery, and repeat PCI were similar between the groups (Table 1).

Table 1. Cumulative event rates for 1 year follow-up of patients with liver disease in the NHLBI Dynamic Registry

One year follow-up events (n=6005)	Patients Without Liver Disease (n=5926)	Patients With Liver Disease (n=79)	p-value
Death (%)	5.2	5.6	0.90
MI (%)	4.7	2.7	0.45
Death/MI (%)	9.3	8.2	0.75
CABG (%)	4.3	0.0	0.08
Repeat PCI after discharge (%)	11.7	13.1	0.70
CABG/repeat PCI post-discharge (%)	15.1	13.1	0.64

Conclusions: Patients with liver disease had similar peri-procedural and 1 year cardiovascular event rates as patients without liver disease. The presence of liver disease should not be prohibitive to performing PCI in patients who are otherwise appropriate candidates.

POSTERS

TCT-364

Gender Related Disparity in Cardiovascular Risk Factors and Treatment Options

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Background: Various studies have shown that there may well be biological differences in men and women relative to the pathogenesis, clinical presentation, vessel involvement and management of cardiovascular disease (CVD) in developed countries. However, gender disparity in CVD is not adequately reported in developing countries like India. Hence, we assessed gender differences in terms of risk factors and treatment options for CVD in a large number of patients in Western India.
Methods: Patients with CVD were enrolled in the study. Gender-based differences in age, habitat, risk factors, clinical presentation, angiography procedure approach and treatment options were analyzed. Subjects were categorized based on interventions like coronary artery bypass graft (CABG), percutaneous coronary intervention (PCI), and medical therapy respectively for analyzing treatment options.
Results: A total of 26,971 consecutive patients were enrolled in the present study. Of these, 21,266 (78.85%) were males and 5,705 (21.15%) were females. Prevalence of CVD was higher in urban female subjects (p<0.0001) whereas it was higher in males in rural areas (p<0.0001). As compared to males, female population had an increased prevalence of hypertension (p<0.0001), diabetes (p=0.01) and family history (p<0.0001); while male population had smoking (p<0.0001) as a contributable risk factor. Obesity contributed equally as a risk factor to both male and female subjects. Number of patients who underwent angiography procedure was significantly higher in male population (p<0.0001) as compared to female population irrespective of radial or femoral approach. Treatment options like CABG (18.45% vs. 12.42%, p<0.0001) and PCI (45.04% vs. 40.73%, p=0.001) were higher in males as compared to female subjects where medical therapy was the preferred option (46.83% vs. 36.49%, p<0.0001) irrespective of the contributing/confounding factors.
Conclusions: Gender related wide differences to testing, prevention and availed treatment options prevail in Indian CVD patients as noticed globally. This difference however is very significant and will need global and combined efforts to correct.

TCT-365

Pregnancy-Induced Disorders Identify High-Risk Women who Benefit from Cardiovascular Screening: Results from the Women's Heart Health Initiative, an OB/GYN Screening Pilot Program

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Background: Cardiovascular (CV) disease is the leading cause of mortality among women in the US. Despite targeted public health initiatives, many women remain unaware of and undertreated for their CV risk factors.
Methods: We surveyed women presenting to obstetrics and gynecology (OB/GYN) clinics for the presence of traditional and non-traditional CV risk factors and any current symptoms using a simple, one-page questionnaire. Blood pressure and cholesterol were measured if there was no prior screening.
Results: 2,863 patients were surveyed at 16 US centers from May 2010 to June 2012. The mean age was 51 ± 14 years. 45% were post-menopausal. The majority of pts had no prior diagnosis of myocardial infarction, angina or stroke (96%). However, 82% of women had at least one CV risk factor (figure) and 41% had a CV complaint such as chest pain, dyspnea, or palpitations. A significant proportion of women did not know if they had diabetes, hyperlipidemia or hypertension (18%, 36% and 18% respectively). 74% of women had a primary care physician (PCP). As a result of screening, 25% of patients were referred to another health care provider, in most of cases to a PCP (45%) or a cardiologist (28%).
Conclusions: Screening women presenting to community OB/GYN clinics with a one-page questionnaire in this pilot, multicenter program, revealed a high prevalence of CV risk factors and symptoms, and may enhance the early detection and treatment of CV disease in female patients. Whether screening patients in this setting will translate into improved long-term outcomes warrants further evaluation.